TOWN OF BYRDSTOWN WATER & SEWER DEPARTMENT 109 West Main St. / P.O. Box 325 Byrdstown, TN 38549

PH: 931-864-6215 / WEB: www.byrdstownwater.com

APPLICATION FOR WATER SERVICE

| NAME OF CUSTOMER: | TODAY'S DATE: |
|--|--|
| SERVICE ADDRESS: | |
| BILLING ADDRESS: | |
| | EMAIL: |
| | DATE TO START SERVICE: |
| TYPE OF SERVICE (CHECK ONE): | USED FOR (CHECK ONE): |
| WATER ONLY INSIDE TOWN | RESIDENTIAL COMMERCIAL |
| WATER & SEWER OUTSIDE TOWN | INDUSTRIAL OTHER |
| AGREE TO ABIDE BY ALL OF THE RULE WRITTEN IN THE TOWN OF BYRDSTOV UPON REQUEST) I AFFIRM THAT THE IN | CKED ABOVE AT THE ADDRESS SHOWN ABOVE AND S AND REGULATIONS GOVERNING SUCH SERVICE AS WATER AND SEWER POLICY. (COPY PROVIDED FORMATION PROVIDED BY ME AS WRITTEN ABOVE IS STAND THAT ALL HOOK-UP FEES PAID TO START TODAY'S DATE: |
| PROPERTY OWNER/LESSEE/AU | THORIZED AGENT |
| ΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦ | ϘΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦΦ |
| THIS SECTION FOR WATER DEPARTM | MENT USE ONLY: |
| HOOK-UP FEE REQUIRED: \$ | DATE TURNED ON: |
| READING: | METER SERIAL #: |
| TOTAL AMOUNT PAID: \$ | |
| DATE PAID:/ | |
| CASH \$ | |
| CHECK \$ CHECK # | |
| CREDIT CARD: | RECEIPT BOOK #: |